New York State Health Department's Pandemic Flu Response Plan
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Today we posted the State Health Department's recently developed Plan for Responding to a Pandemic Flu on our website.

I want to emphasize that this plan is an evolving plan. It will be updated as we receive new medical and scientific information and as a result of additional input from the CDC and our other federal, state and local response partners.

I also want to mention that this plan is the Department of Health's plan, not the State's plan. The Department's plan will become part of the State's "All Hazards Plan" to effectively deal with any emergency situation.

Currently, there is much concern about the avian flu virus, also known as H5N1. Obviously, avian flu, which primarily affects birds, is not the same thing as pandemic influenza. Avian flu is an infectious disease of birds caused by a type A strain of the influenza virus. Pandemic flu is a worldwide human epidemic of influenza.

While it is impossible to know for sure what will happen, health experts are concerned that the H5N1 virus that is spreading in many countries may mutate into a strain that can be passed easily from person to person and result in a pandemic. This has not happened yet, and it may never happen.

While H5N1 is currently the virus of greatest concern, we cannot discount the possibility that other avian influenza viruses, which are known to infect humans, might cause a pandemic. We know that there were three influenza pandemics during the 20th Century – in 1918, 1957, and 1968. Some experts believe we are overdue for another.

Whether or not H5N1 becomes the cause of the next pandemic, we always face the risk of another pandemic. We do not know when a pandemic will occur, but we do know that getting prepared for a pandemic will require full cooperation among all segments of society. Everyone will have a response role. We know, as well, that a severe pandemic would have an enormous impact on society, which is why we've been planning for its potential for some time.

As I said earlier, the H5N1 virus is an influenza A virus subtype that occurs mainly in birds. To date, this virus has not been identified anywhere in the United States, neither in birds nor in humans.

However, human cases have now been reported in several countries, mainly in Asia, with a few recent cases also reported in Turkey, and one case reported in Iraq. As of February 20, 2006, there have been a total 170 human cases of avian flu reported, mainly in Asia, resulting in 92 deaths.

Over the last several months, the avian flu has been spreading westward through migrating birds, traveling from Asia into Africa and the Middle East. Most recently, it has been identified in some ducks, geese and swans in Europe.

While there are no regular migratory bird pathways from Asia to the United States, some birds occasionally make it across Siberia to Alaska. Since ducks and geese are reservoirs for avian influenzas, it is conceivable that the H5N1 virus could show up in migratory birds in Alaska and from there make its way down the West Coast or across Canada.

Aware of such a possibility, the United States has a sophisticated surveillance program in place to monitor the bird population and any novel influenza virus that has the potential to cause a pandemic. These early warning capabilities give us some level of advantages that not every country has.

Research has shown that the flu virus that led to the 1918 pandemic started from an avian flu virus, which mutated to a form that easily spread from human to human. I must reiterate that for this H5N1 virus to result in a human pandemic, it must mutate to a form that becomes readily transmissible from human to human.

It is important to note that the human cases that have occurred to date in the world have resulted mainly from close human contact with infected poultry, not from human to human transmission.

Clearly, we can't wait until a pandemic is underway to figure out what we're going to do. If the virus mutates, it could spread quickly across the globe by human travelers, over 2 or 3 months. And because it would be a new virus, people would have little or no immunity to it. Although a potential vaccine is currently being tested, with good early results, there currently is no commercial vaccine available.

Here in New York, we have developed a strong plan designed to protect the public's health to the greatest degree possible. Although the Department's plan parallels the CDC's recently announced national strategy for responding to pandemic influenza. It also reflects New York State's unique characteristics, including our diverse population; our urban and rural geography; our position as an international border state; and the fact that we are an entry point for many international visitors.

It is our belief that for effective implementation of the plan to occur, there must be strong collaboration and coordination among New York's public health and healthcare communities. This is why, during the development of the plan, the Department sought and obtained input from representatives of the local public health and healthcare communities, as well as other state agencies.

On February 2nd, the plan was reviewed and discussed with county public health directors. And on February 3rd, the plan was reviewed with local hospitals and many other healthcare providers. Over the coming months, we will continue to engage in planning, coordination, and practice drills with these local providers.

Simply speaking, New York's pandemic flu response plan revolves around three key requirements: early detection, prevention, and, health care. During the early days of a pandemic:

- We would provide increased surveillance for ill persons with recent foreign travel;

- We would expedite the testing of viral samples at the Department's Wadsworth Laboratory;

- We would isolate sick people, and ensure that they get appropriate care.

- Because pneumonia is often implicated in flu deaths, we will emphasize early recognition of pneumonia, so that it can be treated aggressively with antibiotics.

- We will identify and possibly limit the movement of individuals who have had contact with ill persons; and,

- We may implement other measures to prevent the rest of the community from coming into contact with ill persons and their contacts.

In order to accomplish these measures, we have developed a strong disease surveillance system to quickly identify new cases of the virus. We have created a mandatory disease reporting system through which local healthcare providers and public health workers quickly report new cases of illness. And we are developing a system to track potentially large numbers of contacts.

As a pandemic becomes more widespread, the Department's plan provides for strong communitywide actions to slow or stop the progression of the pandemic. These actions may include: closing schools for a period of time; closing businesses, or encouraging businesses to have employees work from home; canceling and prohibiting large public gatherings; and providing an orderly distribution of vaccines and antiviral drugs, when these become available.

The Department's plan also includes a strong public education and communication component. This is essential in order to provide the public with information that will help them protect themselves and limit the spread of illness.

Although we will use the Internet to communicate health messages, the media will play the most critical role in helping us get important public health messages to the public during a pandemic.

Our goal is to get consistent, accurate information to the public quickly. We must avoid the use of inflammatory language or misinformation that could cause panic. This will be very important, because people who remain calm and knowledgeable will be in the best position to protect themselves and prevent further transmission of the disease.

Some of the messages we will need to get to the public will include:

- Recommendations for personal hygiene, including frequent hand-washing, covering your mouth when coughing or sneezing, not shaking hands or sharing drinking cups or silverware; and cleaning contact surfaces like phones and desktop surfaces.

- We will urge children and adults with symptoms of illness to stay home from school or work.

- We will need to get messages to the public about avoiding crowds or public meetings.

- We will need to let the public know when we are closing schools or businesses.

- And, we will need to make the public aware of travel advisories.

- Finally, if a pandemic appears impending, we will advise the public to stockpile at least two weeks' supply of non-perishable food, water, and essential household items, so that they can avoid having to visit public places during the pandemic.

When it comes to implementing the plan, we know that practice makes perfect. So, over the coming months, we will conduct drills and exercises to make sure the plan works as designed and that everyone knows their parts.

Again, I want to emphasize that this plan is a work in progress. We will constantly update this plan as more information becomes available, and as we get deeper into the planning process

Our number one priority is to protect the health of our families, our communities, and our State. If a pandemic does occur, I am confident that we in New York State will provide a strong response. That was proven on September eleventh.